FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # P00000093942 1. Entity Name 03-06-2002 90105 042 ***150.00 SYSTEMS PROMPT, INC. Principal Place of Business Mailing Address 1600 GOVERNORS DRIVE 2480-4 BRIARCLIFF ROAD 1317 PENSACOLA FL 32514-9443 ATLANTA GA 30329-3034 US 2. Principal Place of Business 3. Mailing Address 108C DO NOT WRITE IN THIS SPACE #309 City & State 4. FEI Number Applied For 57-1108399 Not Applicable Country A Country \$8.75 Additional 5. Certificate of Status Desired 503 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWNING, MARK T Street Address (P.O. Box Number is Not Acceptable) 790 TANGLEWOOD DRIVE PENSACOLA FL 32503-3231 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) ☐ Addition TITLE ☐ Delete TITLE NAME NAME BROWNING, CHRISTOPHER S STREET ADDRESS STREET ADDRESS 1600 GOVERNORS DRIVE #1317 CITY-ST-ZIE CITY-ST-ZIP PENSACOLA FL 32514-9443 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME LUNSFORD, THOMAS R STREET ADDRESS STREET ADDRESS 1600 GOVERNORS DRIVE #1327 CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLES TITLE ... Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP